## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/593,632

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
116	NATIONAL S	TAGE EEES	(Column	1)	(0	Column 2)	Г	RATE	FEE		RATE	FEE
		TAGE FEES	SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300	L R	ASIC FEE		OR	BASIC FEE	_
	C FEE		SMALL ENT. =			All other situations =					EXAM. FEE	300
EXAN	MINATION FEE	<u> </u>	(4) = \$50/ U.S. is ISA = \$5	\$ 100	\$ 1	100 / \$ 200	F	XAM. FEE			EAAWI. I CL	200
SEAF	RCH FEE	!	ALL other coun \$ 200 / \$ 4	ntries =	ALL OU	ther situations = 250 / \$ 500	SI —	EARCH FEE			SEARCH FEE	400,
FEE	FOR EXTRA SF	PEC. PGS.	minu	ıs 100 =		/ 50 =	L	X \$ 125 =			X \$ 250 =	
тот/	AL CHARGEAB	SLE CLAIMS	3 min	nus 20 =	*			X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CLA	AIMS		inus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MUL.	TIPLE DEPEND	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	e in column 1 is l	less than zero	, enter "	0" in co	lumn 2		TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
ΙTΑ		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
MEN	Independent	*	Minus	***				X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	MULTIPLE DEPI	ENDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
							7	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<del></del>	HIGI	umn 2) HEST	(Column 3)	· [		ADDI-	1		ADDI-
NT B		REMAINING AFTER AMENDMENT		PREVI	MBER 10USLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
IDME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						[	+ \$ 180 =		OR		
							· <del>-</del>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												